

Discussed Issues in Preventive Intervention Programs

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Abstract

The growing number of studies in the field of prevention science and related advancements in evidence based programs leads to some discussions about the fundamental issues such as efficacy, effectiveness, dissemination, adaptation, fidelity and continuity in recent years. In this article it is intended to report the common views of early childhood preventive intervention program and also to discuss how implementation, adaptation, and dissemination process must be conducted to reach high effectiveness of the program. Moreover the recent progress on common prevention interventions is presented by emphasizing the similarities and differences between Turkey and other countries. Finally, it will provide an insight and intuitive perspective for further studies in prevention science field in early childhood education.

Key Words

Prevention Intervention, Effectiveness, Dissemination, Adaptation, Preschool Period.

There are a growing number of evidence based preventive intervention programs for the early childhood period that can have various benefits not only generally fostering social- emotional learning and also cognitive development of children (Domitrovich & Greenberg, 2000, Riggs, Greenberg, Kusche, & Pentz, 2006). While these programs have been decreasing risk factors, they can also strengthen protective factors in the children's lives. These advances lead to significantly improved cognitive problem solving skills, pro-social behaviors, emotional understanding, behavioral self-regulation, reduce aggression and prevent the onset of conduct problems (Anliak, 2004; Bierman et al., 2008; Conduct Problems Prevention Research Group, 1999; Domitrovich, Cortes, & Greenberg, 2007; Erwin,

1994; Feiner et al., 1994; Greenberg & Kusche, 1998; Greenberg, Kusche, Cook, & Quamma, 1995; Greenberg & Kusche, 2006; Kam, Greenberg, & Kusche, 2004; Kam, Greenberg, & Walls, 2003; O' Connell, Boat, & Warner, 2009; Ogilvy, 1994; Reid, Webster-Stratton, & Baydar, 2004; Rogers & Ross, 1986; Shure, 2001a; Shure & Spivack, 1979; Webster-Stratton & Reid, 2010; Webster-Stratton, Reid, & Hammond, 2004). Recent developments and satisfactory research results on preventive programs have proved that these programs have considerable potential contributions not only to meet the requirements of better living conditions for children but also present or reach high standards for children in the school system. However, these rapid improvements in the theoretical background of preventive intervention science and development of many kinds of intervention programs in that area lead to a need for discussion about some critical issues in recent years. While scientists have been trying to develop new preventive programs based on children's needs, there has also been a concurrent growing interest in studies on effectiveness, efficiency, implementation, sustainability, dissemination, cost-benefit analysis and the adaptation of these programs (Barnett, 2000; Barnett & Escobar, 1990; Barrera & Castro, 2006; Beelmann, Pfingsten, & Lösel, 1994; Blakeley et al., 1987; Cram, Warfield, Upshur, & Weisner, 2000; Conduct

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Problems Prevention Research Group, 1999; Castro, Barrera, & Martinez, 2004; Diken, Cavkaytar, Batu, Bozkurt, & Kurtyilmaz, 2010b; Domitrovich & Greenberg, 2000; Durlak & DuPre, 2008; Greenberg, 2004; Greenberg et al., 2003; Greenberg & Kusche, 2006; Institute of Medicine, 1994; Kam et al., 2003, 2004; O'Connell et al., 2009; Offord, 2000; Philliber & Nolte, 2008; Shure, 2001b; Sprick & Borgmeier, 2010).

The goal of this article is to provide the recent developments and discussions about critical issues on the effectiveness and efficiency of these programs, implementation of programs based on fidelity, sustaining programs without modifying original structure in real life, cultural adaptation by being attentive to not cutting core interactive elements and dosage of the programs, monitoring and evaluating effectiveness systematically in accordance with cultural diversity.

Moreover, the current situation of widely used evidence based school programs in this article is summarized (such as Promotion Alternative Thinking Skills –PATHS, Incredible Years Program, I Can Problem Solve Program-ICPS) in Turkey in terms of critical issues that are mentioned above.

This summary will seek to summarize these critical issues respectively and in depth. It is interpreted by assessing research results that a general objective and acquisition of preventive intervention programs can be divided into three general dimensions in terms of the effectiveness on children, teachers and families. Most of the researchers are in agreement that all children (adaptive or maladjusted) need to be strengthened by equipping them with social –emotional and cognitive skills, especially in the early childhood period (Domitrovich, Greenberg, Kusche, & Cortes, 1999; Elias & Tobias, 1996; Parker & Asher, 1987; Shure, 2001a; Sprick & Borgmeier, 2010).

A remarkable amount of the research results revealed the importance of support for the development of children's social competence through preventive intervention programs. These programs have proven effectiveness in multiple areas by interacting successfully with their social environments, coping with uncomfortable feelings, solving interpersonal problems in a satisfactory manner for both parties, controlling themselves by using anger management techniques, and converting inappropriate behaviors to appropriate or pro-social behaviors (Bierman et al., 2008; Domitrovich et al., 2007; O'Connell et al., 2009; Shure, 1992; Spence, 2003). When the impact of those programs on chil-

dren is investigated, it is mostly seen that children who are attending systematically to one of those trainings have higher levels of improvement on social –emotional areas than the control group of children (Anliak, 2004; Domitrovich et al., 1999; Murray & Malmgren, 2005; Reid, Webster-Stratton, & Baydar, 2004; Shure, 2001a). Moreover, the conclusion of these studies have been revealed that it is essential to implement those programs permanently and regularly by starting at early ages in the preschool period in terms of increasing effectiveness of programs. Furthermore, the research revealed that adults who interact with and have a relationship with children play critical roles in the social-emotional development of children so they should respond sensitively and empathetically to the necessities of children (Ainsworth, 1989; Bowlby, 1973; Greenberg, Domitrovich, & Bumbarger, 1999; Hinde, 1991; Fox, Carta, Dunlap, Strain, & Hemmeter, 2010; Fox, Dunlap, Hemmeter, Joseph, & Strain, 2003; Murray & Malmgren, 2005; Pianta, 1998; Şahin, & Anliak, 2009). Integration of these programs into early childhood curriculum has also made significant advances in teacher's skills in terms of using positive classroom management techniques and praising children appropriately, responding supportively by practicing emotional coaching and guiding children to solve problems by themselves. Those programs not only provide technical assistance to teachers to cope with difficult children but also enrich them by promoting the well-being of children (Domitrovich et al., 2009; Honig & Wittmer 1996; Jacops, 2001). Involving families via training them based on prevention interventions is another complementary part of prevention programs which increases benefits of them on children. Conducting the program simultaneously with the same perspectives at home leads to improved effective parenting skills. This collaboration between teachers and families also increases the positive outcome of the programs on children (Diken, et al., 2010b; Reid, et al., 2004; Sandy & Boardman, 2000; Seitz & Provence, 1990; Sprick & Borgmeier, 2010; Spoth, Kavanagh, & Dishion, 2002).

Although the significant advances on children, teachers and families that is stated above has been continued in prevention programs, more research is still needed to reveal more deeply the impact of effectiveness and efficiency. There is a growing need for expanding the usage of, not only in the control conditions, but also in real life. The efficiency procedure includes analyzing the research steps, results, methods, etc., which must be defined

and also explained clearly in detail whether or not that program has been found positively significant. All information about the efficiency process of the program provides the researchers exact replications of that program in the real life (see; Flay et al., 2004). Besides, many programs are offered in schools and communities in different cultures as universal preventive programs, but a need to monitor and precisely evaluate for demonstrating effectiveness is still emphasized (Gager & Elias, 1997; Kumpfer, Alvarado, Smith, & Bellamy, 2002). On the other hand, it is very difficult to evaluate the critical role of how, for whom, and in which conditions the level of effectiveness plays. Moreover, different necessities and difficulties in various ethnic and cultural populations, depending on the developmental level of countries, have an impact on the effectiveness of the programs. Although many societies share common features, there is still a need to identify a variety of risk factors and protective measures that change from one society to another. Therefore, it is crucial and difficult to evaluate whether the preventive program is appropriate or not for that culture because of different risk factors and necessities of a given society (Masten, 2001; Weisberg & Greenberg, 1998). In that stage, communities, stage agencies, consumers and providers must explore deeply to decide which programs best meet their children's and society's needs as a cultural. On the other hand, there has been some debate on the absence of consensus standards or various criteria referring to effective programs to identify which are the most suitable programs to adopt in new settings. That is why researchers, program providers, customers, administrators, etc. have difficulties choosing them based on their needs. As a satisfactory development, in 2004 the Society for Prevention Research (SPR) has presented a set of standards for identifying effective prevention programs and policies that make it possible to determine which interventions are efficacious, which are effective, and which are ready for dissemination (Biglan, Mrazek, Carnine, & Flay, 2003; Flay, et al., 2004; Kumpfer & Alvarado, 2003). After the steps of efficacious and effectiveness, if the program proves ready for dissemination, it is critical to establish coordination permanently between researchers, practitioners, principals, teachers, and parents to foster quality implementation. In the process of implementation how the program has been implemented plays decisive and effective role on results, and that is why it is a core issue for implementing the program accurately and origi-

nally. In other words, better implementation leads to stronger benefits for program participants (Durlak, 2010). Implementation must be carried out via standard practice for sustaining fidelity to the program in an ideal condition. When the program is conducted in new settings in diverse a population, this fidelity process requires continuity of training for the implementers and monitoring of the outcomes by systematic evaluation (Aos, Lieb, Mayfield, Miller, & Pennucci, 2004; Biglan et al., 2003; Greenberg et al., 2003). The researchers have highlighted that without good fidelity and outcome evaluation of a program, it is difficult to produce positive effects continuously (George et al., 2008). On the other hand, it is stated that many factors are vitally important as to how well the program has been implemented, such as readiness and willingness of schools, centers, teacher and families. Researchers have proved whenever the principals or directories show strong support on teacher's efforts in program implementation; this determines the success of the program (Greenberg & Kusche, 2006). In recent years, another debated issue has been the reduction of dosage of the preventive programs in real life settings (Durlak, 2010; Hill, Maucione, & Hood, 2007; Kumpfer et al., 2002). It is strongly emphasized that the adaptation process must be done carefully without modifying the core elements of preventive programs because unwise or unnecessary adaptation can decrease the impact of the program. In this point, researchers have focused on knowledge about core components of intervention that must be explained carefully in the program booklet. Because this information is necessary for providers to understand how an innovation can be adapted for a new population without losing integrity of the original structure (Aos et al., 2004; Durlak, 2010; Elliott, & Mihalic, 2004). In addition O' Connell, et al. (2009) stated that there are limited studies that evaluate implementation whether or not it is used based on appropriate standards of prevention programs or how the results of those studies were affected by some modification in the adaptation process. To achieve effective implementation of science based practices it is suggested that one establishes a working supportive system. In these system researchers, practitioners, providers, school administrators and teachers should attempt together to reach high quality effectiveness of the program cooperatively, which is essential to foster enduring benefits of programs on mental health and well-being of children?

In summary, a system must be developed which shares common vision and works cooperatively for coping with multi-dimensional difficulties of the implementation process. However, the whole process mentioned above (efficacious, effectiveness, implementation, training, coaching, supervision, delivering, monitoring, evaluating) requires a considerable investment of time, effort, resources, and money to successfully sustain a preventive program. Thus, funding agencies must provide the necessary supports for developing a program, conducting research for efficiency and effectiveness, adaptation, implementation to investigators, practitioners, and school administration (Durlak, 2010; Catron & Kendall, 1984; Johnson, Hays, Center, & Daley, 2004; Upshur, 1990; Weisz, Hawley, Pilkoniz, Woody, & Follette, 2000; Wolf, 2008).

In this article, the developmental situation of those preventive intervention programs in Turkey was also discussed and summarized. It can be seen that researchers in Turkey have recognized the value of commonly used and approved programs scientifically and have attempted to adapt them in line with requirements of the society (Anliak, 2004; Anliak, & Arda, 2011; Anliak, & Dinçer, 2005; 2006; Anliak & Şahin, 2009a, 2009b; Beyazkürk, 2005; Coşkun, 2008; Dereli, 2008; Dinçer, Anliak, Şahin, & Karaman, 2009; Diken et al., 2010a; Ocak, 2010; Rafe, 2006; Unutkan, 1998; Vural, 2006). Although collective consciousness is essential to supplement for strengthening supportive relationships and interaction between children and adults in Turkey, evidence based preventive programs have been implemented scarcely, not reaching a large enough proportion of population. Not only in developed countries, but also in Turkey, policy makers, administrators and society as a whole should continue to support efforts of researchers and practitioners to implement and disseminate of those programs as soon as possible (Beyazkürk, 2005; Dinçer et al., 2009; Greenberg, 2004).

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